

Medicaid: Psychiatric Diagnostic Interview Examination (PDE)

According to the Utah Medicaid Provider Manual (April 2015), 2-2: Psychiatric Diagnostic Evaluation,

Psychiatric diagnostic evaluation means a face-to-face evaluation with the individual for the purpose of identifying the need for behavioral health services. The evaluation is an integrated biopsychosocial assessment, including history, mental status, and recommendations, with interpretation and report. The evaluation may include communication with family or other sources and review and ordering of diagnostic studies. In certain circumstances one or more other informants (family members, guardians or significant others) may be seen in lieu of the individual.

Psychiatric diagnostic evaluation with medical services also includes medical assessment and other physical examination elements as indicated and may be performed only by qualified medical providers specified in the 'Who' section of this chapter below.

In accordance with the Current Procedural Terminology (CPT) manual, codes 90791 (psychiatric diagnostic evaluation) and 90792 (psychiatric diagnostic evaluation with medical services) are used for the diagnostic assessment(s) or reassessment(s), if required.

Because ongoing assessment and adjustment of psychotherapeutic interventions are part of psychotherapy, reassessments including treatment plan reviews occurring in psychotherapy session may be coded as such. (See definition of psychotherapy and the 'Record' section of Chapter 2-5, Psychotherapy.)

If based on the evaluation it is determined behavioral health services are medically necessary, an individual qualified to perform this service is responsible for the development of an individualized treatment plan. An individual qualified to perform this service also is responsible to conduct reassessments/treatment plan reviews with the client as clinically indicated to ensure the client's treatment plan is current and accurately reflects the client's rehabilitative goals and needed behavioral health services. (See Chapter 1-7, Treatment Plans.)

See Chapter 2-6, Psychotherapy for Crisis, for information on billing urgent assessments of a crisis state as defined under Psychotherapy for Crisis.

Who:

1. **Psychiatric diagnostic evaluation** may be performed by a licensed mental health therapist, an individual working within the scope of his or her certificate or license or an individual exempted from licensure as a mental health therapist. (See Chapter 1-5, B. 1.)

2. **Psychiatric diagnostic evaluation with medical services** may be performed only by:

- a licensed physician and surgeon or osteopathic physician engaged in the practice of mental health therapy;
- a licensed advanced practice registered nurse (APRN), either as a nurse specialist or a nurse practitioner, with psychiatric mental health nursing specialty certification;
- a licensed APRN formally working toward psychiatric mental health nursing specialty certification through enrollment in a specialized mental health education program or through completion of post-education clinical hours under the supervision of a licensed APRN with psychiatric mental health nursing specialty certification; or
- a licensed APRN intern formally working toward psychiatric mental health nursing specialty certification and accruing the required clinical hours for the specialty

certification under the supervision of a licensed APRN with psychiatric mental health nursing specialty certification.

When this service is performed to determine the need for medication prescription only, it also may be performed by:

e. a licensed physician and surgeon or osteopathic physician regardless of specialty;

f. a licensed APRN regardless of specialty when practicing within the scope of their practice act and competency;

g. a licensed APRN intern regardless of specialty when practicing within the scope of their practice act and competency, under the supervision of a licensed APRN regardless of specialty when practicing within the scope of their practice act and competency, or a licensed physician and surgeon or osteopathic physician regardless of specialty; or

h. other medical practitioner licensed under state law when acting within the scope of his/her license, most commonly licensed physician assistants when practicing within their scope of practice and under the delegation of services agreement required by their practice act.

Limits:

1. According to the Psychiatry section of the Current Procedural Terminology (CPT) manual, the following limits apply:

a. Psychiatric diagnostic evaluation with medical services may not be reported on the same day as an E/M service when performed by the same servicing provider; and

b. Codes 90791, 90792 are used for the diagnostic assessment(s) or reassessment(s), if required, and do not include psychotherapeutic services. Psychotherapy services, including psychotherapy for crisis, may not be reported on the same day (when performed by the same servicing provider). See the January 2013 CMS NCCI PTP Module for additional information on this limitation.

2. Evaluations requested by a court of the Utah Department of Human Services, Division of Child and Family Services, solely for the purpose of determining if a parent is able to parent and should therefore be granted custody or visitation rights, or whether the child should be in some other custodial arrangement are not billable to Medicaid under any service/procedure code.

Documentation must include:

1. date, start and stop time, and duration of the service;

2. setting in which the service was rendered;

3. specific service rendered (i.e., psychiatric diagnostic evaluation);

4. report of findings from the biopsychosocial assessment that includes:

a. history, symptomatology and mental status (mental status report may be based on formal assessment or on observations from the evaluation process); and

b. disposition, including diagnosis(es) as appropriate, and recommendations. If the client does not need behavioral health services, this must be documented in the assessment (along with any other recommended services as appropriate). If behavioral health services are medically necessary, then a provider qualified to perform this service is responsible for the development of a treatment plan and the prescription of the behavioral health services that are medically necessary for the individual. (See treatment plan requirements in Chapter 1-7); or

5. report of findings from a reassessment that includes:

- a. the applicable components in 4.a. and/or b.; and/or*
 - b. For reviews of the client's treatment plan documentation will include an update of the client's progress toward treatment goals contained in the treatment plan, the appropriateness of the services being prescribed, and the medical necessity of continued behavioral health services; and*
- 6. signature and licensure or credentials of the individual who rendered the service.*